

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09477

Reg. Dist. No. 192

1. PLACE OF DEATH:

County HowardCity or town Sykesville Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Sykesville Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. World War 11
(If rural, give LOCATION) ✓

2.(a) If veteran, name war

3. (a) FULL NAME

Lewis Edward Barnes

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced MarriedB. (b) Name of husband or wife Mary L.8. (c) If alive, give age 20 years7. Birth date of deceased (mo., day, yr.) June 6, 19268. AGE: Years 22 Months 2 Days 29 If less than one day
..... hrs. min.9. Birthplace Carroll County Md
(Town, county, and state)10. Usual occupation Truck Driver

11. Industry or business

12. Name Walter G. Barnes13. Birthplace Md14. Maiden name Mabel Barnes15. Birthplace Md16. Informant Mrs. Mabel BarnesAddress R.D. Sykesville Md17. Burial Date thereof 9-8-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ProvidenceLocation Gamber Carroll County Md18. Funeral director C.M. WaltzAddress Winfield Md19. 9-5 48 Alice M. Hobbs
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-5 48 1A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-5 48 to 9-5 48and that I last saw him alive on at no time toImmediate cause of death Compromised fracture of skull DURATION Ind

Due to

Due to

Other conditions Fracture of left femur
Fracture of cervical vertebrae
(Include pregnancy within 3 months of death)

Major findings of operations

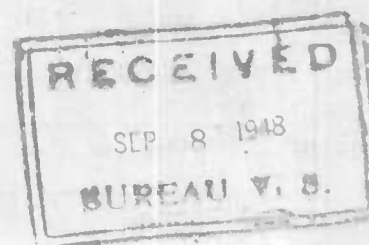
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-5-48Where did injury occur? Highway 32 Howard Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HighwayMeans of injury auto accident Injured at work? No23. SIGNATURE Alpha N. Herbert MD
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or otherAddress Edinboro city Md Date signed 9-5-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09478

Reg. Dist. No. 199

1. PLACE OF DEATH:

County... Howard
 City or town... NEAR RIDGEVILLE
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... WIFE
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Howard
 City or town... NEAR RIDGEVILLE
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RURAL - Mt. Airy
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

W. FRANK BURDETTE

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed.
 6.(b) Name of husband or wife Ida T.
deceased 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) JUNE 20, 1855
 8. AGE: Years 93 Months 2 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace... Howard Co. Md.
 (Town, county, and state)
 10. Usual occupation... Retired
 11. Industry or business FARMER
 12. Name Philip Burdette
 13. Birthplace Md.
 14. Maiden name Susie Benton
 15. Birthplace Md.

16. Informant Mrs. Geo. E. Fleming
 Address Mt. Airy, Md.
 17. BURIAL Date thereof 9-9-48
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory MONTGOMERY CHAPEL
 Location CLAGGETTSVILLE, MONTG. CO. MD.
 18. Funeral director C. M. WALTZ
 Address WINDFORD MD
 19. 9/9/48 E. Pearl Martin
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1948 at 10:30 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 3 1948 to Sept 6 1948
 and that I last saw him alive on Sept 3 1948

Immediate cause of death Cerebral Hemorrhage DURATION 9/3

Due to Arterio Sclerosis
 Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. M. Waltz M. D. or other _____Address Mt Airy Md Date signed 9/7/48

epi

RECEIVED
SEP 10 1948
BUREAU 7. 8.

SEP 10 1948

10/0

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 199

1. PLACE OF DEATH:

County Howard
 City or town Woodfine Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Howard
 City or town Woodfine
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Harry S. Condon

3. (b) Social Security Number

216-10-0693

4. Sex Male 5. Color of race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Amelia G.
 6. (c) If alive, give age 56 years
 7. Birth date of deceased (mo., day, yr.) July 28, 1887
 8. AGE: Years 61 Months 1 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Carpenter
 11. Industry or business _____
 12. Name Sommerville Condon
 13. Birthplace Md.
 14. Maiden name Susanna Pickett
 15. Birthplace Md.
 16. Informant Mrs. Amelia G. Condon
 Address Woodfine, Md.
 17. Burial Date thereof 9-4-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Morgan Chapel
 Location Woodfine, Carroll Co. Md.
 18. Funeral director E. M. Waltz
 Address Winfield, Md.
 19. 9-4- 1948
 (Date rec'd by registrar) Registrar E. Pearl Morgan

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1948 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947, to September 1 1948, and that I last saw him alive on August 30 1948.

Immediate cause of death _____ DURATION _____
Myocardial insufficiency _____
Bronchial Asthma - severe 5 1/2 yrs.
Due to Sub-acute bronchitis _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Th. W. Henderson M.D.
 Address Damascus, Maryland Date signed Sept. 2, 1948



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH:

County HowardCity or town Ellicott City Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Elioak
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Joseph A. R. Eyler

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Julia C

8.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) November 23, 1882

8. AGE:

Years

Months

Days

If less than one day

65915

_____ hrs.

_____ min.

9. Birthplace Howard County Md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name Joseph R. Eyler

13. Birthplace

Md

MOTHER

14. Maiden name Mary S. Barreck

15. Birthplace

Md18. Informant Mrs. Julia C. Eyler

Address

Ellicott CityMd

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

9-11-48

(month) (day) (year)

Cemetery or crematory Mount View

Location

AlphaMd

18. Funeral director

F.C. Higinbotham

Address

Ellicott CityMd

19.

9-26-9
(Date rec'd by registrar)

19. 48

Alice W. Hobb

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 8 1948, at 9:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 5 1948 to Sept. 7 1948and that I last saw him alive on September 7 1948

Immediate cause of death

uremia

DURATION

36 hrs.

Due to

nephrosclerosis3 mos.

Due to

generalized arterio-
sclerosis5 yrs.

Other conditions

arteriosclerotic heart
disease & myocardial insuff.2 mos.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Charles S. Whitaker, M.D.

M. D. or other

Address Clarksville, MD.Date signed 9-9-48

RECEIVED

OCT 21 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 1407 Jefferson St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Longworth Johnson

3. (b) Social Security Number

216-07-0859

4. Sex

M

5. Color or race

C

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Margaret Johnson

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

May 17 1909

8. AGE:

Years

Months

Days

If less than one day

3927

hrs.

min.

9. Birthplace

Baltimore Md

(Town, county, and state)

10. Usual occupation

Truck Driver

11. Industry or business

Wasten Trucking Co.

FATHER

12. Name

Oscar Johnson

13. Birthplace

Baltimore Md

MOTHER

14. Maiden name

Mary Jacques

15. Birthplace

Baltimore Md

16. Informant

Margaret Johnson

Address

1407 Jefferson St. Baltimore Md

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

9-28-48

(month) (day) (yr.)

Cemetery or crematory

Arbutus Memorial Park

Location

Arbutus Md.

18. Funeral director

William I. Chapman Jr.

Address

1701 Mc Cullough St. Baltimore 17, Md.

19.

9/281948A.W. Hedrick

(Date rec'd by registrar)

19

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

September 24 1948 at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 24 1948 to Sept 24 1948
and that I last saw him alive on at no time

Immediate cause of death

DURATION

Incineration Just

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-24-48Where did injury occur? Elkridge Howard Md (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public HighwayMeans of injury auto accident Injured at work? yes

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

Address

Ellicott City Md

Date signed

9-25-48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09482

932

Reg. Dist. No. 191

1. PLACE OF DEATH:

County... Howard

City or town... Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Howard

City or town... Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No... Fells Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

James Edward Matthews

3. (b) Social Security Number

220-07-5281

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M

C

Married

6. (b) Name of husband or wife... Carrie Johnson Matthews

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) May 29 1884

8. AGE: Years Months Days If less than one day
64 3 20 hrs. min.9. Birthplace... Howard County Maryland
(Town, county, and state)

10. Usual occupation... Laborer

11. Industry or business

12. Name... Basil Matthews

13. Birthplace... Md

14. Maiden name... Unknown

15. Birthplace... It

16. Informant... Carrie Mathews

Address... Ellicott City Md

17. Burial Date thereof... 9-22-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Locust Chapel

Location... Atholton Md

18. Funeral director... F.C. Higinbotham

Address... Ellicott City Md.

19. Sept. 22, 1948 John B. Loughman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... September 19 1948 8:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9-19 1948 to 9-19 1948
and that I last saw him alive on no date 19

Immediate cause of death

Arteriosclerotic Cardio-Vascular Disease

Coronary Thrombosis

DURATION

3 years 10 months

Due to

Other conditions none

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE... George E. Burdick M.D.
Acting Deputy Medical Examiner Howard Co
Address... Ellicott City Md. Date signed 9-20-48

RECEIVED

SEP 27 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard
 City or town Ellicott City Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Ellicott City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Pine Orchard
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Mary Lena Wicker

3. (b) Social Security Number

*

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Separated

6. (b) Name of husband or wife
 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) March 24 1890

8. AGE: Years 58 Months 5 Days 29 If less than one day
 hrs. min.

9. Birthplace Woodlawn Md
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Christian J. Singhass

13. Birthplace Va

MOTHER 14. Maiden name Lena R. Stump

15. Birthplace Va

16. Informant Mrs. R. H. Frank

Address North Arlington N.J.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 9-25-48
 (month) (day) (year)

Cemetery or crematory Mt. Olive

Location Randallstown Md.

F. C. Higinbotham

18. Funeral director Ellicott City Md.

Address

19. Sept 25 1948 (Date rec'd by registrar) John B. Longhouse Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 1948 at 12.30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-23 1948 to 9-23 1948 and that I last saw him alive on 9-23-48

Immediate cause of death Carcinoma of Right Ovary with metastases generally DURATION 1 year

Due to

Due to

Other conditions none

(Include pregnancy within 8 months of death)

Major findings of operations Carcinoma of Right ovary with metastases Date of op. Feb 5, 1948

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Bunting M.D. M.D. or other

Address Ellicott City Md. Date signed 9-24-48

RECEIVED

OCT 6 1943

BUREAU V. S.